

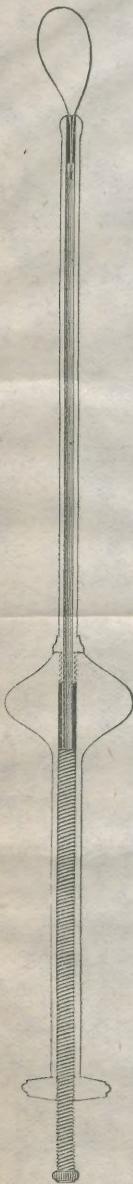
# A NEW WIRE SNARE ÉCRASEUR.

BY CHARLES E. SAJOUS, M. D.,

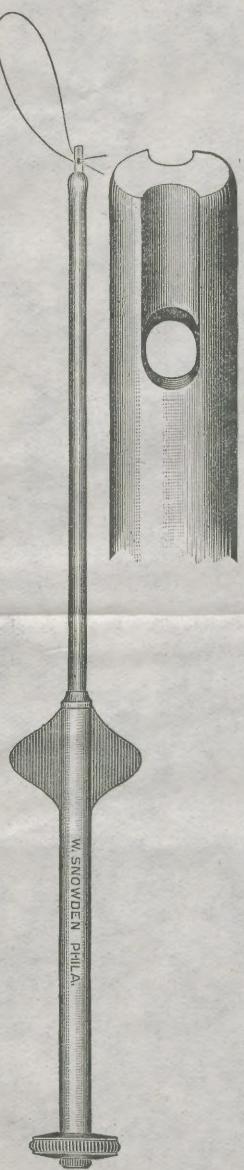
Instructor on Laryngology and Rhinology in the Summer and Post-Graduate Courses, Jefferson Medical College, Etc.

The accompanying cuts represent an instrument which I have had constructed for the extirpation of intra-nasal growths. While possessing all the merits of other wire écraseurs, it has the advantage of being much less complicated,

Longitudinal section of instrument.



Its external appearance.



Magnified end of needle-rod.

narrower one, or end-piece, is 4 inches long and  $\frac{1}{2}$  inch in diameter, and is threaded at one end to fit tightly in that of the second or larger tube. This is only 3 inches in length, and  $\frac{1}{8}$  inch in diameter. The two rods are also of different sizes, their diameters allowing their introduction into the tubes, the cavities of which they fill, and along which they can move freely. The end-rod, about the thickness of a crochet-needle, is  $\frac{1}{8}$  inch longer than the narrow tube and protrudes through it. Its end is furnished with an egg-shaped needle-eye. The other end is threaded to fit in that of the larger rod, which is also  $\frac{1}{8}$  inch longer than the tube containing it, and threaded throughout its entire length for the movement over its surface of a milled-nut. This nut lies in close apposition to the posterior end of the large tube, and when revolved from left to right, causes the rod to descend. Near the middle of the instrument is a ribbed finger-rest to insure the operator a firm hold. Rotation of the rods in the tubes is prevented by a ridge in, and at the end of the larger tube, corresponding with a narrow, flattened, longitudinal surface on the threaded rod.

In other instruments, the wire has to be passed throughout the entire extent of the tubes and attached either to rings, pins, etc., or whatever the inventor may have thought best, a rather lengthy and sometimes difficult procedure, especially if the inside of the instrument be a little rusty. In that introduced in this paper, but a small piece of wire is needed, say two or three inches, as the case may be; this is doubled into a loop, and the ends passed through the eye until they protrude about a quarter of an inch. Traction being then caused by turning the milled-nut, the end of the rod will disappear in the tube, doubling the wire ends on the loop. As shown in the annexed cut, representing the end of rod as seen through a lens, a shallow groove connects the needle-eye with the tip of the rod on each side. When traction is induced, the ends on one side, and the apex of the loop on the other, half fill these grooves, and the pressure exerted by the surrounding tube holds them as tightly as in a vise. The edge of the needle-eye is rounded and smooth so as to avoid a too sharp bend in the wire, which would cause it to break. For operations in the pharyngeal vault, there is a curved end which can be attached to the narrow tube and held there by a self-acting spring.

Besides the simplicity of its construction, this instrument presents advantages which I think it advisable to enumerate:

1st. It is strong as well as light, and its different parts can readily be separated for cleansing.

2d. The wire can be attached in a moment and as rapidly withdrawn.

3d. The loop being close to its point of attachment, it is not liable to twist on its axis.

4th. The loop being at one end, the milled-nut at the other, and the point of support in the centre, it is evenly balanced.

5th. The milled-nut being immovable longitudinally, its rotation does not involve lateral motion of the operator's arm, thereby avoiding pressure of the point of the instrument against the tumor.

While being specially adapted to intra-nasal operations, extirpation of polypi, hypertrophic thickenings of the nasal mucous membrane, adenoid vegetations of the pharyngeal vault, etc., it seems to me that it could be used with advantage in gynecology, aural surgery, and all operations in which an écraseur would be indicated.

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